

Article

Dating Violence in Adolescence: Comparison between Scholars and Adolescents in Residential Care

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Abstract: (1) Background: Dating violence (DV) among adolescents constitutes a serious problem, not only because of the magnitude of the phenomenon, but also because of the seriousness of the personal and social consequences derived from it. The objectives of this study were the following: to analyze the prevalence of DV among adolescents in residential care and in schools, according to sex, age and origin, and to analyze the prevalence of the types of violence and victimization, according to the residential care resource and the school. (2) Methods: The sample consisted of adolescents in residential care in the Autonomous Community of the Basque Country (Spain) ($n = 271$) and adolescents in schools ($n = 268$) aged between 12 and 17 years. (3) Results: The results showed a higher prevalence of DV in adolescents in residential care than that found in other studies with a normative sample. (4) Conclusions: These results support the need for work and research with these minors in residential care. It also gives an important weight to sociodemographic variables, such as age and sex, and also to the types of violence and victimization, i.e., variables to be taken into account in the intervention with adolescents. Future educational programs should consider DV prevention and children in residential care.



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1. Introduction

Some research indicates that the magnitude of dating violence (DV) is even higher than violence in adult relationships [1,2]. Serran and Firestone [3] already stated that violence did not arise spontaneously during marriage or in couple life but was often initiated during courtship.

Straus and Ramirez [4] found rates of DV perpetration among young university students of between 25% and 45%, these percentages being higher than those obtained from among the married couples in their sample (between 10% and 15%). Other studies with a university sample show even higher percentages, as in the study by Murray et al. [5], which found that 73% of their sample reported having perpetrated DV in the last month. Research with adolescents estimates rates of DV perpetration ranging from 9% to 51% ([6–9]). However, other authors indicate that DV is influenced by multiple variables (country, culture, gender, type of violence, etc.) and that DV perpetration rates range from 9% to 65% [10–12]. Along the same lines, several recent meta-analyses reveal DV perpetration rates between 5% and in some cases up to 90% [13,14]. Another study conducted with university students of 17 nationalities (6 European, 2 North American, 2 Latin American, 5 Asian, 1 Australian and 1 New Zealand), showed prevalence rates between 15% and 45% for DV perpetration [4,15].

Other studies analyze both violence and victimization in intimate partner relationships. A study by Martinez et al. [16] with a sample of 589 students aged 12 to 22 years found a prevalence of 48.6% for perpetration of violence and 70.9%, for victimization. More specifically, regarding victimization in dating relationships, the macro-survey conducted in

the USA with about 9900 students showed victimization rates ranging from 3% to 21% [17]. Another sample of 2524 Americans with a mean age of 16.2 years found a prevalence of victimization of 35% and 31% for perpetration [18].

In summary, studies show rates ranging from 20% to 70.9% for victimization and from 14% to 90% for perpetration of violence [13,14,19–21]. It should be noted that the disparity in data may be due to the methodology used for the DV study.

In terms of gender, a recent review found DV perpetration rates of 9% to 37% in girls and 6% to 21% in boys [22]. Likewise, Giordano et al. [23] found a higher prevalence of perpetration in girls (34.9%) than in boys (6.2%). Other research points out that the aggressor figure appears in the case of both girls and boys [24,25].

In relation to victimization, studies seem to indicate a higher rate of victimization among women. Thus, López-Cepero et al. [26] state that in Spain, 3.6% of men and 7.9% of women have suffered abuse during a youth dating relationship. For their part, Calvete et al. [27] found that girls showed higher levels of victimization than boys. Along the same lines, the results of the US National Survey [28] on risk behaviors of American minors showed that 20.9% of adolescent girls and 10.4% of adolescent boys had suffered victimization from some type of DV in the past 12 months ([17]). Another study conducted with high school students already indicated victimization rates in girls of 15.5% and in boys of 7.8% [29].

In terms of age, it should be noted that the age of onset of dating relationships is not known with certainty. Connolly and McIsaac [30] indicate that approximately 25% of 12-year-old adolescents are involved in a “date” and that 70% of young people up to 18 years of age already have a partner. International research indicates that minors generally begin dating for the first time between the ages of 13 and 15 [25]. Specifically, Eaton and West [31] stated that 72% of people between 13 and 16 years of age are already in a relationship. In our context, Muñoz-Rivas et al. [12] point out that nearly 90% of people begin their dating relationships between 16 and 20 years of age.

In relation to the types of violence, verbal violence is the most common, followed by psychological, physical and sexual violence [32]. Another study by Muñoz-Rivas et al. [12] found that more than 90% of the young female students in their sample admitted to having resorted to the perpetration of verbal violence in their dating relationships. Very similarly, Cornelius and Resseguie [33] reported verbal DV perpetration rates of 88%. In the Wolfe et al. [34] study, verbal violence was also found to be the most common. In addition, Carver et al. [35] noted that as age increases, this type of violence increases. However, some studies do not distinguish between verbal and psychological violence, understanding both types of violence as psychological violence. In the study by Fernet et al. [36] of 71 young people with an average age of 19 years (71.8% were girls between 14 and 17 years), they found that 59.2% reported having suffered a form of violence (physical, psychological or sexual) in the last 12 months. More than half, 57.7%, reported experiencing psychological violence, 18.3% physical violence, and 29.6% sexual violence. However, the prevalence rates of psychological violence reported by different studies are very disparate, ranging from 11% to 81% [37–40], raising suspicions of inaccurate terminology and a consequent lack of consensus in its assessment. The figures for psychological violence victimization are even higher in other studies, such as that of Jackson et al. [2], in which, through an ad hoc survey with adolescents in New Zealand, they found that 81.5% of girls and 76.3% of boys reported having suffered psychological violence (monopolization, degradation or isolation) in their dating relationships. Jouriles et al. [41] found even higher rates: 91% of young people in their sample reported experiencing psychological violence (victimization).

However, most of the research mentioned above is on normative samples, and few studies have been conducted with adolescents in residential care. At present, the search for research on DV and adolescents in residential care is difficult, despite the fact that they are clearly considered a high-risk group for relationship dysfunction [42–44].

In one of the first studies on DV, Jonson-Reid [42] found that among youth in protective custody in the state of California there were no higher rates of DV compared to youth

in the general population. However, they did tend to remain in these toxic relationships for longer periods of time. In contrast, other studies, such as that of Manseau et al. [43], surveyed 196 girls aged 12 to 18 years living in child protection centers in Quebec and reported that 53.1% had experienced at least some form of severe physical violence during dating, 87.9% experienced psychological violence and 70.2% experienced sexual coercion. Wekerle et al. [44], on the other hand, in a study of 426 young people, found that 44% of boys responded that they had engaged in violent behavior with their partner, and 49% had suffered it. Girls, on the other hand, reported perpetrating violence in 67% of cases and suffering it (victimization) in 63% of cases. As for the type of violence, both sexes mentioned that psychological violence was more common than physical violence. Finally, a recent study by Katz et al. [45] indicated that more than 20% of the youth in the sample composed of 23- and 24-year-olds and former wards of the protection system had perpetrated or experienced DV in the year prior to the sample collection.

The proposed objective of this study is to analyze DV perpetration and victimization in adolescents in residential care and compare it with adolescents from a normative sample. Moreover, differences according to gender and age will be explored. Prevalence rates of perpetration and victimization of dating violence in minors in residential care and in schools in the Basque Autonomous Community are expected to be similar to those found in previous studies, although higher prevalence rates are expected to be found in minors in residential care. It is expected that girls will present higher levels of victimization and boys will present higher perpetration of dating violence, both in minors in residential care and in minors in schools. Finally, it is expected that at older ages, both adolescents in residential care and adolescents in schools report higher levels of perpetration and victimization in their dating relationships than younger adolescents.

2. Materials and Methods

This study was carried out with a total sample of 539 adolescents, 271 of whom residing in residential care and 268 in schools in the Autonomous Community of the Basque Country (Spain). The sample was obtained with the prior consent of the institutions responsible for the guardianship of these minors and with the consent of the school principals and the adolescents themselves. The minimum age of the sample was 12 years, the mean age was 15 years and the maximum age was 18 years. Of these persons, 265 (49.2%) were female and 274 (50.8%) were male. A total of 72% ($n = 388$) of them were born in the Basque Country, 18.7% ($n = 101$) abroad and 9.3% ($n = 50$) in other regions of Spain.

The instruments used were an ad hoc questionnaire with sociodemographic and demographic questions and the *Conflict in Adolescent Dating Relationships Inventory* CADRI (Wolfe et al., 2001). The original scale consisted of 70 items that assessed both violent behavior toward the partner, as well as experiences of victimization. The present study was carried out using the version of Carrascosa et al. (2018) used in their study. Specifically, the questionnaire consisted of 17 items that analyzed the different types of perpetrations of violence; perpetration of relational violence (e.g., "I said things to his/her friends about him/her to make them go against him/her"), perpetration of verbal–emotional violence (e.g., "I brought up in conversation something bad that he/she had done in the past") and perpetration of physical violence (e.g., "I pushed him/her or I shook him/her"). In addition, another 17 items measured victimization: relational victimization (e.g., "He/she tried to separate me from my group of friends"), verbal–emotional victimization (e.g., "He/she insulted me with put downs") and physical victimization (e.g., "He/she threw something at me"). Adolescents were asked to identify how often they have experienced these situations in their romantic relationship: Never -*this has not happened in our relationship*-, rarely -*1 or 2 occasions*-, sometimes -*between 3 and 5 times* -or frequently -*6 or more occasions*-. In the present study, the reliability coefficient, Cronbach's alpha, for the total scale of violence perpetration was 0.72 and for the relational, verbal–emotional and physical violence perpetration subscales it was 0.57, 0.79 and 0.77, respectively. The reliability of the total scale of victimization was 0.78 and for the relational, verbal–emotional and physical

victimization subscales, it was 0.61, 0.86 and 0.83, respectively. The total alpha coefficient for this sample was 0.75.

The data analyses were descriptive data and also aimed to identify statistically significant associations between the variables under study, as well as the effect size. All of this was calculated with the IBM SPSS v.26 statistical program.

3. Results

3.1. Prevalence of Violence and Victimization in a Normative and Residential Care Sample

In the case of the sample collected in schools, sex and perpetration of violence show significant associations $\chi^2 = 62.44$; $p < 0.01$, $VCramer = 0.48$, as 84.6% ($n = 66$) are boys and 15.4% ($n = 12$) girls. As for age, 24.4% ($n = 19$) of adolescents who resort to violence are between 12 and 14 years old and 75.6% ($n = 59$) are between 15 and 17 years old, and their association is also significant, $\chi^2 = 7.90$; $p < 0.01$, $VCramer = 0.17$, with a smaller effect size.

In relation to victimization, as can be seen in Table 1, the same pattern occurs. The results show significant associations with sex and age, however, there are more cases with a higher frequency in adolescents who are not victims in their dating relationships. It is girls who indicate at 87.6% ($n = 85$) more victimization than boys at 12.4% ($n = 12$), $\chi^2 = 73.24$; $p < 0.01$, $VCramer = 0.52$. Age, again, shows significant associations, $\chi^2 = 20.42$; $p < 0.01$, $VCramer = 0.28$. Older adolescents have a higher percentage, 80.4% ($n = 78$), and younger adolescents have a lower percentage, 19.6% ($n = 19$).

Table 1. Prevalence of violence as a function of sex and age in both study samples.

		Violence		
School Centers ($N = 268$)	Perpetrators n (%) ($n = 78$)	No perpetrators, n (%) ($n = 190$)	χ^2	$VCramer$
Sex				
Boy	66 (84.6%)	60 (31.6%)	62.44 *	0.48
Girl	12 (15.4%)	130 (68.4%)		
Age ($N = 268$)				
12–14	19 (24.4%)	81 (42.6%)	7.90 *	0.17
15–17	59 (75.6%)	109 (57.4%)		
Residential Care ($N = 271$)	Perpetrators, n (%) ($n = 248$)	No perpetrators, n (%) ($n = 23$)	χ^2	$VCramer$
Sex				
Boy	136 (54.5%)	12 (52.2%)	0.06	
Girl	112 (45.2%)	11 (47.8%)		
Age				
12–14	70 (28.3%)	19 (21.3%)	28.22 *	0.33
15–17	178 (71.7%)	4 (17.4%)		
		Victimization		
School Centers ($N = 268$)	Victimization, n (%) ($n = 97$)	No victimization, n (%) ($n = 171$)	χ^2	$VCramer$
Sex				
Boy	12 (12.4%)	114 (66.7%)	73.24 *	0.52
Girl	85 (87.6%)	57 (33.3%)		
Age				
12–14 age	19 (19.6%)	81 (47.4%)	20.42 *	0.28
15–17 age	78 (80.4%)	90 (52.6%)		
Residential Care ($N = 271$)	Victimization, n (%) ($n = 240$)	No victimization, n (%) ($n = 31$)	χ^2	$VCramer$
Sex				
Boy	117 (48.8%)	25 (78%)	9.57 *	0.19
Girl	123 (51.2%)	6 (22%)		
Age				
12–14 age	69 (28.2%)	20 (64.5%)	15.93 *	0.22
15–17 age	171 (71.8%)	11 (35.5%)		

Note: * $p < 0.05$; $VCramer$: effect size.

In the case of the sample in residential care, the only variable that does not present statistically significant differences is sex. A total of 54.5% ($n = 136$) are boys and 45.2% ($n = 112$) are girls.

In the case of age, significant associations are shown, $\chi^2 = 28.22, p < 0.05, VCramer = 0.32$. Between 15 and 17 years of age, perpetration of DV is 71.7% ($n = 178$) and in the case of adolescents aged 12 to 14 years it is 28.3% ($n = 70$). Regarding victimization, 51.2% ($n = 123$) are perceived to be girls and 48.8% ($n = 117$) boys, showing a significant association $\chi^2 = 9.57, p < 0.05, VCramer = 0.19$. Regarding age, 71.8% ($n = 171$) are adolescents between 15 and 17 years old, compared to 28.2% ($n = 69$) between 12 and 14 years old, $\chi^2 = 15.93, p < 0.05, VCramer = 0.24$.

3.2. Prevalence of Types of Violence as a Function of Sex and Age in Adolescents in Normative Sample and Residential Care

In the case of the sample collected in schools, all types of perpetration and victimization show significant associations with sex. However, in the case of age, it is only verbal-emotional violence and victimization that show significant associations (See Table 2).

Table 2. Types of DV as a function of sex, age and sample.

School Centers	Violence			Victimization		
	Relational (9.30)%	Verbal-Emotional (26.9%)	Physical (4.9%)	Relational (11.20%)	Verbal-Emotional (34%)	Physical (3.7%)
Sex						
Boys	22 (88%)	62 (86.1%)	10 (76.9%)	1 (3.3%)	10 (11%)	1 (10%)
Girls	3 (12%)	10 (13.9%)	3 (23.1%)	29 (96.7%)	81 (89%)	9 (90%)
χ^2	18.59 **	60.41 **	4.91 **	25.86 **	71.79 **	5.71 *
V^*	0.26	0.48	0.14	0.31	0.52	0.15
Age						
12-14	8 (32%)	16 (22.2%)	4 (30.8%)	8 (26.7%)	16 (17.6%)	4 (40%)
15-17	17 (68%)	56 (77.8%)	9 (69.2%)	22 (73.3%)	75 (82.4%)	6 (60%)
χ^2	0.33	9.59 **	0.25	1.64	22.93 **	0.032
V^*	0.04	0.19	0.03	0.08	0.29	0.011
Residential Care	Relational (39.10%)	Verbal-Emotional (88.9%)	Physical (38.70%)	Relational (48.70%)	Verbal-Emotional (83.8%)	Physical (30.30%)
Sex						
Boys	75 (70.8%)	134 (55.4%)	50 (47.6%)	57 (43.2%)	116 (49.2%)	49 (59.8%)
Girls	31 (29.2%)	108 (44.6%)	55 (52.4%)	75 (56.8%)	120 (50.8%)	33 (40.2%)
χ^2	18.30 **	0.5	3.38	9.36 **	1.26	7.36 **
V^*	0.26	0.04	0.11	0.19	0.07	0.1
Age						
12-14 age	23 (21.7%)	68 (28.2%)	21 (20%)	67 (28.4%)	12 (14.6%)	67 (28.4%)
15-17 age	83 (78.3%)	173 (71.8%)	84 (80%)	169 (71.6%)	70 (85.4%)	169 (71.6%)
χ^2	9.8 **	22.88 **	12.82 **	15.52 **	17.67 **	15.52 **
V^*	0.19	0.29	0.22	0.24	0.26	0.24

Note: ** $p < 0.01$; * $p < 0.05$; VCramer: effect size.

Regarding adolescents in residential care and the types of DV perpetration and victimization, it can be observed in Table 2 how the type of perpetration of relational violence shows significant differences in both sex and age. In the case of verbal-emotional violence and victimization, the associations are significant with age, but not with sex. Finally, physical violence shows a significant association only with age. However, physical victimization shows significant associations with both variables of sex and age.

4. Discussion

This study confirms that DV is a very common phenomenon among adolescents in different settings; adolescents in residential care and adolescents in school centers. These results provide data that had not been analyzed so far in our immediate environment and very scarcely in international studies. In other words, the results, particularly those analyzed with adolescents in residential care, are a new contribution to the scientific

literature, confirming that it is essential when studying DV to also take into account minors in residential care.

Regarding the results of DV prevalence obtained with the school sample, these are in line with previous studies, for both perpetration [6,7,9,46] and victimization [18,47]. However, in other studies, the prevalence and victimization rates of DV were considerably higher than those found in this study, as for example, in the study by Martinez et al. [16], where they found a prevalence of 48.6% for perpetration of violence and 70.9% for victimization. The fact that this study shows divergent results compared to those found in previous research may occur for several reasons. On the one hand, it may be due to the type of sample, since they were young people from different geographic and/or cultural areas. On the other hand, the fact of using different tools for measuring DV may also be one of the reasons for the differences between the results found in this study and those found in other studies.

Regarding the results of the prevalence of DV perpetration in former foster youth in residential care, the present study found higher rates than previous studies with a sample of similar characteristics, such as that of Jonson-Reid [42], which found a prevalence of 48%. However, in a recent study by Katz et al. [45,47] of former wards of the protective system aged 20 to 24 years, more than 20% reported having perpetrated or experienced DV in the year prior to sample collection, a percentage of perpetration and victimization significantly lower than in the present study. Perhaps the fact that these results are different may be related to age, since the adolescents in the present study were adolescents between 12 and 17 years of age, and previous studies have already indicated that after 17 years of age the prevalence of DV tends to decrease (Foshee et al., [47]).

In relation to sex, in the case of school participants sex showed significant associations for both DV perpetration (84.6% of perpetrators were boys and 15.4% girls) and victimization (12.4% boys and 87.6% girls). However, in the sample of adolescents in residential care, there was no association between sex and perpetration, and there was an association between sex and victimization, with girls (51.2%) being more victimized than boys (48.8%) in the sample. Previous studies on gender differences in DV did not show a clear consensus on the existence or otherwise of differences in perpetration rates between boys and girls. Studies, such as that of Muñoz-Rivas et al. [12], with a school sample would corroborate the results of the present study, since they concluded that boys are perpetrators to a greater extent than girls. However, other studies, such as that of Giordano et al. [23], indicate the opposite, finding a higher prevalence of perpetration in girls. The fact that there is a higher prevalence in girls may also be conditioned by the measurement instrument (Modified Conflict Tactics Scale, MCTS), or by the fact that the adolescents are from different backgrounds (United States).

Regarding victimization, there is greater consensus among studies, since most of them indicate that it is girls who report greater victimization, as has been verified in the present study [17,26,27,37].

The results of the sample under residential care in the present study coincide with the results of Jonson-Reid [42], where a greater victimization in girls and similar distribution were also observed between male and female perpetrators. On the contrary, in the study by Wekerle et al. [44] with a sample of adolescents in social protection services, they found a higher percentage of girls as perpetrators of DV compared to boys and higher victimization in girls.

The results of the present study showed statistically significant associations in DV perpetration and victimization as a function of age for both samples. These results would be in line with other studies showing that DV increased with increasing age. The fact that higher rates of victimization and perpetration of DV occur with increasing age should be interpreted with moderation, taking into consideration the results noted in a study by Redondo-Pacheco et al. [48] and Foshee et al. [47], that the increase in violence occurred up to the age of 16 and 17 years, and from that age onwards it was declining

Studies with a Spanish sample of adolescents and using the same instrument (CADRI) showed higher rates of verbal–emotional and physical DV perpetration and victimization than those found in this study [10,49]. Other studies conducted with a Spanish sample and using the MCTS [50] found that more than 90% of the adolescent students in their sample admitted to having resorted to the perpetration of verbal violence in their dating relationships to deal with interpersonal conflicts with their partners [12]. These data are similar to that found for verbal–emotional DV perpetration by adolescents under residential care. However, the study by Muñoz-Rivas et al. [12] reported a perpetration rate of physical DV of 18%, a lower result than that found among the female adolescents under residential care in this sample. The fact that the percentages are lower in the study by Muñoz-Rivas et al. [12] compared to the results found in this study could be explained by the different instruments used to assess DV and by the characteristics of the samples.

Other studies of both victimization and perpetration of DV with an international sample of school adolescents using the Revised Conflict Tactics Scale [15] indicated percentages similar to those found in this study [34,51,52]. In contrast, other studies showed percentages of up to 91% of psychological victimization, although they were clinical samples [41].

This study presents the explained strengths but also limitations that should be mentioned. The main limitations have to do with the cross-sectional nature of the study and the use of self-report questionnaires only. Future studies should use longitudinal designs and complementary methodology and instruments, such as multi-informant questionnaires, focus groups or interviews to be analyzed with qualitative methodologies.

5. Conclusions

It can be concluded that the rates of prevalence and victimization of DV in adolescents in schools are similar to those found in other studies and, moreover, because between the two samples in this study, it is the adolescents in residential care who showed higher rates of prevalence and victimization than those found in adolescents in schools.

On the other hand, the scarcity of studies on DV with a sample of adolescents in residential care makes it difficult to contrast the results of the present study with previous studies. It can be concluded that the vast majority of studies on this subject have been carried out mainly with a school and/or university sample, making it difficult to compare with a particular group, such as adolescents in residential care. Likewise, the differences in the methodology used (instruments, ways of categorizing DV, etc.) also make it difficult on many occasions to compare studies with similar samples.

In the case of the sex of adolescents in schools, as expected, girls showed higher rates of victimization and boys showed higher rates of DV perpetration; however, among adolescents in residential care, sex differences were not significant for DV perpetration, but were significant for victimization. The significant association between sex and victimization (in favor of women) in both samples may be due to the fact that women identify more with the role of victim in our society, or, in turn, because they have less difficulty reporting it, compared to men ([53]). Based on feminist theories ([54]) it could be argued that gender stereotypes and roles may be relevant factors in the prevalence data provided in this thesis, as they would reflect the patriarchal model of male offender and female victim. However, the interpretation of the data provided must take into account multiple macro-exo-microsystemic as well as ontogenetic factors [55]. It is evident that sex is a relevant factor to take into account when exploring DV. Authors such as White [54] already advocated a sex-based approach to understanding DV, but acknowledged that it is difficult to assess the impact of sex on the organization of social relationships.

Likewise, age seems to be a significant variable: the higher the age, the greater the perpetration and victimization of DV. However, future studies should broaden the age range of participants to include adolescents over 17 years of age, as previous studies point to a downward trend after that age.

The fact that many studies do not distinguish between verbal and psychological violence raises the suspicion of inaccurate terminology and the consequent lack of consensus in

their evaluation and subsequent literature review. Nevertheless, both have been identified on a larger scale by adolescent adolescents and should therefore be taken into account. Likewise, understanding the reason why this type of verbal–emotional violence may be occurring is essential. This could occur for two reasons. On the one hand, it could be due to the permissiveness of the adolescents toward the use of violence to resolve their conflicts, or to the very fact of not being able to recognize certain insults, blackmail or aggression between partners as violence [12]. On the other hand, it may be due to the fact that this type of verbal–emotional violence is a normalized practice in young couple relationships, as it is exercised reciprocally as a way of dealing with interpersonal conflicts with the partner [10,12,56,57].

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